

Depend on our people. Count on our advice. SM

# **REDACTED - FOR PUBLIC INSPECTION**

**BOCKET FILE COPY ORIGINAL** 

Received & Inspected

OCT 22 2013

FCC Mail Room

October 22, 2013

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422 SAC 361431, MN, Midwest Telephone Company Connect America Fund WC Dockets 10-90 and 11-42

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Midwest Telephone Company, MN, SAC 361431 is filing its Form 481 High Cost and Low-Income Annual Report.

Midwest Telephone Company seeks confidential treatment under the Protective Order in this proceeding. ¹ Pursuant to the Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely.

Tom Campbell
Telecommunications Consultant
tcampbell@otcpas.com
651-621-8511 (v)
651-483-2467 (f)

**Enclosures** 

CC: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies confidential)

1 See Protective Order 27, WC Docket Nos. 10-90 et al, Rec 14231 rel. November 16 ("Order")

No. of Copies recid\_\_\_\_\_()
List ABODE

	rm 481 - Carrier Annual Reporting	FECForm RRZ OMB Control N July 2012	o. 3060-0985/GMR Control No. 3050-0819
<010>	Study Area Code	361431	
<015>	Study Area Name	MIDWEST TEL CO	
<020>	Program Year	2014	8 Inspected
<030>	Contact Name: Person USAC should contact with questions about this data	Tom Campbell	Received & Inspected OCT 22 2013
<035>	Contact Telephone Number: Number of the person identified in data line <030	651-621-8511	FCC Mail Room
<039>	Contact Email Address: Email of the person identified in data line <030>	tcampbell@otcpas.com	
ANNU	NL REPORTING FOR ALL CARRIERS		54.313 54.422 Completion Required Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	(complete attached worksheet) if no outages to report	✓ ✓
<300> <310> <320> <330>	Unfulfilled Service Requests (voice)  Detail on Attempts (voice)  Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)	(attach descriptive document)	
<400> <410> <420> <430> <440>	Number of Complaints per 1,000 customers (voice Fixed Mobile 0.0  Number of Complaints per 1,000 customers (brown Fixed		
<1000: <1010: <1100: <1110:	Functionality in Emergency Situations  361431mn610  Company Price Offerings (voice)  Company Price Offerings (broadband)  Operating Companies and Affiliates  Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability  Terrestrial Backhaul (Y/N)?	(check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (if yes, complete attached worksheet) (check to indicate certification) (attach descriptive document) (if not, check to indicate certification) (complete attached worksheet)	
<2000: <2005: <3000: <3005:	Rate of Return Carriers, Proceed to <u>ROR Additio</u>	Price Cap Local Exchange Carriers (check to indicate certification) (complete attached worksheet)	

ECC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	C. C	N A	Tom Campbell	651-621-8511	tcampbell@otcpag.com	(ves/no) O	(yes/no) O O	npany is a	Name of Attached Document (.pdf)	
5 E	Study Area Code		Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	<110> Has your company received its ETC certification from the FCC?	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 <111> year plan" filed with the FCC?	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	<ul> <li>&lt;113&gt; Maps detailing progress towards meeting plan targets</li> <li>&lt;114&gt; Report how much universal service (USF) support was received</li> <li>&lt;115&gt; How (USF) was used to improve service coverage</li> <li>&lt;116&gt; How (USF) was used to improve service coverage</li> <li>&lt;117&gt; How (USF) was used to improve service capacity</li> <li>&lt;118&gt; Provide an explanation of network improvement targets not met in the prior calendar year.</li> </ul>

Page 3

(200) Se Data Co	(200) Service Outage Reporting (Voice) Data Collection Form	eporting (Volc	(a					5	FCC OM July	FCC Form 481 OMB Centrol No. 3060- July 2013	FCC Form 481 OMB Central No. 3060-0986/OMB Central No. 3060-0819 July 2013	53060-0819
<010>	<010> Study Area Code	эфе				361431				-		
<015>	Study Area Name	ame				MIDWEST TEL CO						
<020>	Program Year					2014						
<030>	Contact Name	Contact Name - Person USAC should contact regarding this data	should contac	t regarding this	s data	Tom Campbell						
<032>		hone Number -	Number of pe	rson identified	in data line <0	Contact Telephone Number - Number of person identified in data line <030> 651-621-8511						
<039>		I Address - Emai	Address of pe	erson identified	in data line <c< td=""><td>Contact Email Address - Email Address of person identified in data line &lt;030&gt; tcampbell@otcpas.com</td><td>as .com</td><td></td><td></td><td></td><td></td><td></td></c<>	Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com	as .com					
<220>	<b>\$</b>	< <del>6</del> 15	<	<	 b4>	<t1></t1>	<c2></c2>		<e>&gt;</e>	\$	<g>&gt;</g>	Ŷ
	NORS									Did This Outage		
	Reference		Outage Start	Outage Start Outage Start Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected Total Number of	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

--- See attached worksheet ---

ontral No. 3060-0819								۵	Total per line Bates and Fees												
FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013								 465>	Mandatory Extended Area Service Charge												
FCC OMI								 b4>	State Universal Service Fee												
		දා				pas.com		db3>	State Subscriber Line Charge					<ul> <li>See attached worksheet</li> </ul>							
	361431	MIDWEST TEL CO	2014	Tom Campbell	030> 651-621-8511	:030> tcampbell@otc	1/1/2013	<525	Residential Local Service Rate					See atta							
				ling this data	entified in data line <030>	entified in data line <	17/1	<6515	Rate Type												
				ontact regard	of person ide	of person id	iive Date vice Charge	<8.3>	SAC (CETC)									- 1			
700) Pfice Offerings including Voice Rate Data 2sts Collection Form	<u>a</u> .	ne		Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in	Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	<5.25	Exchange (ILEC)												
Offerings inc etlan Form	Study Area Code	Study Area Name	Program Year	Contact Name	Contact Teleph	Contact Email A	Residential Loc Single State-wi	<18>	State												
700) Pric ata Colle	<010>	<015>	<020>	<030>	<035>	<039>	<701> <702>	<703>								 		 	1		

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FEGForm 481 OMB Control No. 3050-0985/OMB Control No. 3050-0519 July 2013							, 494>	Usage Allowance Action Taken When	Limit Reached (select)																	
181 rot.na -3050 b986/c							cd3s	Isage Allowance	(GB)																	
FCGForm 483 OMB Conrol! July 2013							<415×	Broadhand Gervice	Upload Speed (Mbps)																	
							<q1>&gt;</q1>	Broadband Service -	(Mbps)																	
						com	¢45		Total Rate and Fees																٠	
	31	MIDWEST TEL CO	1	Tom Campbell	51-621-8511	tcampbell@otcpas.com	- 424>	hetelimed etca							<ul> <li>See attached</li> </ul>	worksheet										
	361431	MIDM	2014		in data line <030>	In data line <030>	-{F42: */		Residential Rate						Se	work								A-0.00		
				Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030> 651-621-8511	Contact Email Address - Email Address of person identified in	<8.25		Exchange (ILEC)																	
710) Broadband Price Offerings 3sts Collection Form	Study Area Code	Study Area Name	Program Year	Contact Name - Person US	Contact Telephone Numbe	Contact Email Address - En	(10V		State			<														
10) Broad sta Collec	<010>	l		Ì		1		1		L	L	L	<u> </u>		-		1	<u> </u>	J	<b>1</b>	<u></u>		 1	1 -	<b></b>	J.

Page 6

FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3050-0819 July 7013								άξξο	Doing Business As Company or Brand Designation		theet								may provide the second of the		
				as.com				<585 €825	SAC		See attached worksheet					=					
(800) Operating Companies  Data Collection Form  <010> Study Area Code  361431	1	<030> Contact Name - Person USAC should contact regarding this data Tom Campbell	<035> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511	<039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com	<810> Reporting Carrier Midwest Telephone Company	1 1	<812> Operating Company na	<813>	Affiliates		See de										

FCC Form 481 OMB Control No. 3069,0819 July 2013	<010> Study Area Code	<015> Study Area Name HIDMRST TEL CO	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data Tom Campbell	<035> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511	<039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com
(900) 1 Data C	<010	<015	<020 <020	\$030 030	<035	<039

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<92.1> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;

<922> Feasibility and sustainability planning;

<923> Marketing services in a culturally sensitive manner;

<924> Compliance with Rights of way processes

<925> Compliance with Land Use permitting requirements

<926> Compliance with Facilities Siting rules

<927> Compliance with Environmental Review processes

<928> Compliance with Cultural Preservation review processes

29> Compliance with Tribal Business and Licensing requirements.

Select Yes No.

Name of Attached Document (.pdf)

(Tes,No, NA)			

1100) Ni Jeta Coli	1100) No Terrestrial Backhaul Reporting sata Collection Form	FCC Form 481. CMB Centrol No. 3050-0985/CMB Centrol No. 3050-0819. July 2013
<010>	<010> Study Area Code	361431
<015>	<015> Study Area Name	MIDWEST TEL CO
<020>	<020> Program Year	3014
<030>	<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	<035> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511	651-621-8511
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpss.com	tcampbell@otcpas.com
<1120>	Please check this box to confirm no terrestrial backhaul <a></a> <1120> options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

10/09/2013

(1200) To Ufeline Data Col	1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	ECC Form 481 DMB.Control No. :3060:0986/DMB.Cantrol No. 3060-0819 July 2013
<010>	Study Area Code	361431
<015>	Study Area Name	MIDWEST TEL CO
<070>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<032>	Contact Telephone Number - Number of person identified in data line <030>	< <030> 651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	e <030> tcampbell@ctcpas.com
<1210>	<1210> Terms & Conditions of Voice Telephony Lifeline Plans	361431mn1210
		Name of attached document (.pdf)
<1220>	Link to Public Website	нттр
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETGs receiving low-income support, carriers must annually report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

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fCC-Form-483. OMB Centrol Ne. 3060-0988/OMB Centrol No. 3060-0839. July 2033			William Control Contro				CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II	THE GOOD STANDARD OF THE STANDARD STAND																			Listing Required Information	
une.	3.1	MIDWEST TEL CO		Tom Campbell	651-621-8511	ccampbelleoccpas.com	Phase I support, frozen High Cost su																	oient f	oc.		Name of Attached Document Listing Required Information	
(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Küte: of Return Corriers offiliotéd Willi Price Cub Locdi Exchange, Corriers	Study Area Code 361431	Study Area Name MIDW	Program Year 2014	Contact Name - Person USAC should contact regarding this data Tom	data line <030>	Contact Email Address - Email Address of person identified in data line (USU)	boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge red	INDVAMINATION SALD AS IN THE RESIDENCE OF THE SALD AS IN THE SALD	incremental Connect America Phase I reporting	2nd Year Certification (47 CFR § 54.313(b)(1))	3rd Year Certification {47 CFR § 54.313(b){2}}	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	2013 Frozen Support Certification	2014 Frozen Support Certification	2015 Frozen Support Certification	2016 and future Frozen Support Certification	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	Certification Support Used to Build Broadband	Connect America Phase II Reporting (47 CFR § 54.313(e))	3rd year Broadband Service Certification	5th year Broadband Service Certification	Interim Progress Certification	Please check the box to confirm that the attached PDF, on line 2021,	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient	community anchor institutions to which becan providing access to broadband	service in the preceding calendar year.	Interim Progress Community Anchor Institutions	
(2000) P. Data Coll Micloding	<010>	<015>	<020>	<030>	<035>	<039	CHECK the			<2010>	<2011>		<2012>	<2013>	<2014>	<2015>		<2016>		<2017>	<2018>	<2019>	<2070>				<2021>	

1915 Study Area Code 1916 Contact Hamer. Person USAC chould contact regardler this data in a Tom Campbe 11 1919 Contact Hamer. Person USAC chould contact regardler this data in a Tom Campbe 11 1919 Contact Hamer. Person USAC chould contact regardler this data in a Tom Campbe 11 1919 Contact Hamer. Person USAC chould contact regardler this data in a Tom Campbe 11 1919 Contact Hamer. Person USAC chould contact regardler this data in a Tom Campbe 11 1919 Contact Hamer. Person USAC chould contact regardler this data in a Tom Campbe 11 1910 Melation to certification (17 CRS \$4.313([1],11) 1910 Melation certification (17 CRS \$4.313([1],11) 1910 Melation of CRS Phase is a top of the manual propert of \$7.413([1],11) 1911 Area check this box to confirm that the attached PDP, on the 3012, 1911 Area check this box to confirm that the attached PDP, on the 3012, 1912 Area contains the required information personal to \$4.5131([1],11) 1913 In the request of Community Anchor Institutions of A7 CRS \$4.313([1],11) 1914 Area contains the required information personally and addresses of beat the Doors to confirm that the attached PDP, on the 3012, 1913 Area contains the required information personally and propert of the Personally Report for reference on the A111 Area Company (Report Doors Theorem Company) (Report Doors Theorem Melations of Octaviors) (Report Doors Theorem Company) (Report Doors Theorem Melations of Octaviors) (Report Doors Theorem Melations of Octaviors) (Report Doors Theorem Melations of Octaviors) (Report Doors Theorem Melations) (Report	ECC Form 481 OMB.Control No., 3060-0988-COMB.Control No., 3060-0819 July, 2013					DAS.COM	CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CPR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)[2]. I further certify that the information reported on this form and in the documents attached below is accurate.		Name of Attached Document Listing Required Information		Name of Attachad Document Listing Required Information  [7] (Yes/No)			Name of Attached Document Listing Required Information							П	<b>]</b>	Name of Attached Document Listing Required information
(3019) (3013) (3	000) Rain Of Aefurn Carrier Additional Documentation eta Edilectrionidoria	Ctirdy Area Code	Study Area Name MIDWEST	Program Year	 Contact Telephone Number - Number of person identified in data line <030>	- Email Address of person identified in data line <030>	CK the boxes below to note compliance on its five year service quality plan (pursuant CFR § 54.313(f)[2]. I further certify that the	Progress Report on 5 Year Plan	(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012,	contains the required information pursuant to § 54.313 (f)(1)(ii), as a solution to f CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	(3012) Community Anchor Institutions (47 CFR § 54.313(f(1)[ii])  (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  (3014) If Yes, Goes your company file the US annual report  (3014) Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance	requires:  Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(30.17) If the response is yes on line 30.14, attach your company's RUS annual report and all required documentation (30.18) If the response is no on line 30.14, is your company audited?	if the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	Borrowers, Underlying information subjected to a review by an independent certified 3023)		(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	13026) Attach the worksheet listing required information

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	tion - Reporting Carri lection Form	EF : 8
<010>	Study Area Code	361431
<015>	Study Area Name	MIDWEST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Perso	on USAC should contact regarding this data Tom Campbell
<035>	Contact Telephone N	umber - Number of person identified in data line <030> 651-621-8511
<039>	Contact Email Addres	ss - Email Address of person identified in data line <030> tcampbell@otcpas.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier: my respo	nsibilities include ensuring the accuracy of the annual reporting requirements for universal service support
recipients; and, to the best of my knowledge, the information	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

500000000000000000000000000000000000000	ion Agent / Carrier* ection Form	FCC Form 481 00MB Control No. 3060-0819 00MB Control No. 3060-0819 00 00 00 00 00 00 00 00 00 00 00 00 00
<010>	Study Area Code	361431
<015>	Study Area Name	MIDWEST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC	Should contact regarding this data Tom Campbell
<035>	Contact Telephone Number -	Number of person identified in data line <030> 651-621-8511
<039>	Contact Email Address - Ema	Il Address of person identified in data line <030> tcampbell@otcpas.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)Tom <u>Campbell</u> also certify that I am an officer of the reporting carrier; my responsib agent; and, to the best of my knowledge, the reports and data provid-	is authorized to submit the information reported on behalf of the reporting carrier.  lities include ensuring the accuracy of the annual data reporting requirements provided to the authorized and to the authorized agent is accurate.
Name of Authorized Agent: Tom Campbell	
Name of Reporting Carrier: MIDWEST TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 10/09/2013
Printed name of Authorized Officer: Staci Malikowski	·
Title or position of Authorized Officer: Chief Financial Officer	
Telephone number of Authorized Officer: 218-346-8498	
Study Area Code of Reporting Carrier: 361431	Filing Due Date for this form: 10/15/2013

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF	or LI Recipients on Behalf of Reporting Carrier
as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal s he data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge	
lame of Reporting Carrier: MIDWEST TEL CO	, the mornation reported hardin is accepted.
ame of Authorized Agent or Employee of Agent: Tom Campbell	
ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 10/09/2013
rinted name of Authorized Agent or Employee of Agent: Tom Campbell	
tle or position of Authorized Agent or Employee of Agent Consultant	
elephone number of Authorized Agent or Employee of Agent: 651-621-8511	
tudy Area Code of Reporting Carrier: 361431 Filing Due Date for this form:	10/15/2013

Attachments

FCC Form 48.1 OMB Control No 3060-0986/OMB Control No. 3050-0819 July 2013									Kaa35	Doing Business As Company or Brand Designation	Arvig	Arvig	Arvig	Arvig	Arvig	Arvig	Arvig	Arvig	Arvig	Arvig	Arvig	Arvig	Arvig	Arvig	Arvig				
					pas.com	<b>18</b> V			<a2></a2>	SAC	361374	361365	361383	361385	361408	361443	361431	361448	361453	361491	361472	361430		361391	369007				
(BDD) Operating Companies  Data Collection Form  <010> Study Area Code	<015> Study Area Name MIDWEST TEL CO	<020> Program Year 2014	<030> Contact Name - Person USAC should contact regarding this data Tom Campbell	<035> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511	<039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com	(810> Reporting Carrier Midwest Telephone Company	1 1	<812> Operating Company na	<813> )	Affiliates	Arrowhead Communications Corporation	Callaway Telephone Company	Eagle Valley Telephone Company	East Otter Tail Telephone Company	The Home Telephone Company	Loretel Systems, Inc.	Midwest Telephone Company	- 1	The Peoples Telephone Company of Bigfork	Twin Valley-Ulen Telephone Company	Kedwood County Telephone Company	Melrose Telephone Company	Mainstreet Communications Corporation, LLC	Felton Telephone Company	Tekstar Communications, Inc.				

Page 1 of 2

SAC: 361431 State: MN Midwest Tel Co

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

As required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Midwest Tel Co are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS. 7810.0200 SCOPE. 7810.0300 STATUTORY AUTHORITY.

## RECORDS AND REPORTS

7810.0400 RETENTION OF RECORDS.
7810.0500 DATA TO BE FILED WITH THE COMMISSION.
7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.
7810.0900 LOCATION OF RECORDS.

## **CUSTOMER RELATIONS**

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC. 7810.1100 COMPLAINT PROCEDURES. 7810.1200 RECORD OF COMPLAINT.

## **CUSTOMER BILLING: DEPOSIT AND GUARANTEE REQUIREMENTS**

7810.1400 CUSTOMER BILLING.

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS.

7810.1600 DEPOSIT.

7810.1700 GUARANTEE OF PAYMENT.

## **DISCONNECTION OF SERVICE; SERVICE DELAY**

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE.

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.

7810,2100 MANNER OF DISCONNECTION.

7810.2200 RECONNECTION OF SERVICE.

7810.2300 NOTICE REQUIREMENTS.

7810.2400 BILL DISPUTES.

7810.2500 ESCROW PAYMENTS.

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS.

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE.

## **DIRECTORIES**

7810.2900 CONTENT OF DIRECTORIES. 7810.3000 DIRECTORY ASSISTANCE.

7810.3100 CHANGES OR ERROR OF LISTED NUMBER.

## **ENGINEERING**

7810.3200 CONSTRUCTION OF TELEPHONE PLANT. 7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT. 7810.3900 EMERGENCY OPERATIONS.

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SAC: 361431 State: MN Midwest Tel Co

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

INSPECTIONS, TESTS, SERVICE REQUIREMENTS

7810.4100 ACCESS TO TEST FACILITIES.

7810.4300 ACCURACY REQUIREMENTS.

7810.4900 ADEQUACY OF SERVICE.

7810.5000 UTILITY OBLIGATIONS.

7810.5100 TELEPHONE OPERATORS.

7810.5200 ANSWERING TIME.

7810.5300 DIAL SERVICE REQUIREMENTS.

7810.5400 INTEROFFICE TRUNKS.

7810.5500 TRANSMISSION REQUIREMENTS.

7810.5800 INTERRUPTIONS OF SERVICE.

7810.5900 CUSTOMER TROUBLE REPORTS.

7810.6000 PROTECTIVE MEASURES.

7810.6100 SAFETY PROGRAM.

Midwest Tel Co is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

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Form 481 Line No. 610 Description of Functionality in Emergency Situations

Midwest Tel Co pursuant to MN Rule "7810.390 Emergency Operations" has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - o A minimum of four hours of battery service in each central office.
  - o A permanently installed power unit in exchanges exceeding 5000 lines.
  - Mobile power units that can be delivered on short notice and which can be readily.
     connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

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SAC: 361431 State: MN Midwest Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Midwest Tel Co does adhere to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

## Minnesota Administrative Rule 237 Chapter 7817.0400

**Subpart 1. Information provided.** Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT

<u>(local service provider)</u>. On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

**Subpart 2. Application process.** On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subpart 4. Eligibility criteria. To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

**Subpart 7. Applicant and recipient responsibilities.** Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

## Subpart 8. Local service provider responsibilities.

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

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SAC: 361431 State: MN
Midwest Tel Co
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions
<u>Rates</u>
Midwest Tel Co's Local service rates that serve as its Lifeline Plans are filed in Compliance with the
regulatory requirements of Minn. Rules Ch. 7810 and Minn. Rules pt. 7812.0600 as follows:
A. The tariffs or price lists of local exchange carriers must offer the following services to all
customers pursuant to Minn. Rules pt. 7812.0600 (basic service requirements):
single party voice-grade service and touch-tone capability;
911 or enhanced 911 access;  1 + intraLATA and interLATA presubscription and code-specific equal access to
interexchange carriers subscribing to its switched access service;
access to directory assistance, directory listings, and operator services;
toll and information service-blocking capability without recurring monthly charges
one white pages directory per year for each local calling area, which may include
more than one local calling area, except where an offer is made and explicitly
refused by the customer;
a white pages and directory assistance listing, or, upon customer request, a private
listing that allows the customer to have an unlisted or unpublished telephone
number;
call-tracing capability according to chapter 7813;
(i) call Trace provisions in tariff misses Commission/a tariff town what
(i) call Trace provisions in tariff mirror Commission's tariff templates.
blocking capability according to the Commission's ORDER ESTABLISHING
CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING
SERVICES, Docket No. P999/CI-92-992 (June 17, 1993) and its ORDER AFTER
RECONSIDERATION, Docket No. P999/CI-92-992 (December 3, 1993).
telecommunications relay service capability or access necessary to comply with
state and federal regulations.

B. A Separate flat rate service offering is required pursuant to Minn. Rules pt. 7812.0600, subpt. 2. At a minimum, each local service provider (LSP) shall offer the services identified in Minn. Rules pt. 7812.0600, subpt. 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

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SAC: 361431 State: MN Midwest Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

C. Service area obligations under Minn. Rules pt. 7812.0600, subpt. 3: An LSP shall provide its local services on a nondiscriminatory basis, consistent with its certificate under part 7812.0300 or 7812.0350, to all customers who request service and whose premises fall within the carrier's service area boundaries or, for an interim period, to all requesting customers whose premises fall within the operational areas of the local service provider's service area under part 7812.0300, subpart 4, or 7812.0350, subpart 4. The obligation to provide resale services does not extend beyond the facilities-based services does not require an LSP that is not an eligible telecommunications carrier (ETC) to build out its facilities to customers not abutting its facilities or to serve a customer if the local service provider cannot reasonably obtain access to the point of demarcation on the customer's premises. service capability of the underlying carrier whose service is being resold. The obligation to provide

The flat rate services, offered pursuant to Minn. Rules pt. 7812.0600, subpt. 2., include unlimited local service minutes of use. The local services offerings do not include any toll minutes of use. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that are selected by lifeline end users.

The specific Company terms and conditions for the Companies Lifeline Plans are set forth in the tariff pages included in Exhibit 1, attached.

Exhibit 1

SAC: 361431 State: MN Midwest Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

MIDWEST TELEPHONE COMPANY – dba Arvig PARKERS PRAIRIE, MINNESOTA

Section 4 Page 1 Revision 1

# LOCAL EXCHANGE SERVICE

The rates for Local Exchange Service are subject to the conditions set forth herein and the General Regulations governing provision of service. The General Regulations are set forth in Section 2 of this tariff book.

# Local Exchange Service

- A. The Local Exchange Service Rates in this section are for service only and do not include any terminal equipment beyond the point of demarcation.
- B. The rates applicable to Local Exchange Service are composed of a Line Access Rate component plus (where applicable) an Extended Area Service component.

# C. Service Upgrades

- At the option of the Company, services will be upgraded to business individual line and residence individual line or two party services as facilities for the provision of such services permit.
- Upgrading of business and residence services may be accomplished on a line by line basis at the option of the Company.
- 3) As an exchange is upgraded, as set forth in 1) above, the rates shown on the appropriate rate schedule will be applied.

## D. Extended Area Service

- Establishment and discontinuance of EAS will be contingent upon Commission authorization.
- Extended Area Service rate component.
  - a) EAS is a premium-type service offering made by the Company to certain exchanges, under specific conditions.
  - b) The Extended Area Service rate component, where applicable, is included in the Local Exchange Service Rate.
  - c) The Optional Extended Area Service rate component, where applicable, is not included in the Local Exchange Service Rate.

## E. Taxes

 Applicable taxes levied by state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).

Effective: February 1, 1997

(R)

MIDWEST TELEPHONE COMPANY – dba Arvig PARKERS PRAIRIE, MINNESOTA

Section 4 Page 2 Revision 3

# LOCAL EXCHANGE SERVICE

# Rates

Class of Service	Monthly Rates	
BUSINESS:		
One Party - Access	\$ 18.50	
PBX Trunk - Access	22.00	
Key System Line - Access	22.00	
Rural One Party - Access	18.50	
Basic Coin Telephone Service	18.50	(N)
RESIDENCE:		
One Party	14.25	
Rural One Party	14.25	
One Party with ACS Security Solutions Package*	5.95	

All rates are billed in advance. Payment for service is due when the statement is rendered.

Seasonal service is available for customers requiring less than 12 months of service per year. The rate for seasonal service is determined in accordance with section 5, page 48 of this tariff book.

A gross receipts additive will be billed to the subscribers equal to 4% of the federally imposed subscriber line charge. This additive will be shown on the subscriber's bill as a separate line.

\*Rate applicable per rules and regulations found on Page 18 of S ection 2 of the Company tariff.

Effective: <u>10-15-10</u>

MIDWEST TELEPHONE COMPANY – dba Arvig PARKERS PRAIRIE, MINNESOTA

Section 4 Page 3 Revision 1

# LOCAL EXCHANGE SERVICE

# Extended Area Service (EAS)

Exchange	EAS to Exchange	
Eagle Bend	Bertha - Hewitt, Clarissa, Miltona, Parkers Prairie, Urbank	(R (R
Miltona Carlos, Eagle Bend, Parkers	Prairie, Urbank	(R)
Parkers Prairie	Eagle Bend, Miltona, Urbank	(R)
Urbank Eagle Bend, Millerville, Miltona,	Parkers Prairie	(R) (R)

Effective: January 1,1988

SAC: 361431 State: MN Midwest Tel Co

Form 481 Line No. 3026

**ATTACHMENT REDACTED IN ENTIRETY**